

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	<del>WERKWIJZE VOOR HET VORMEN VAN</del> <del>EEN KUNSTSTOFPLAAT ALSMEDE KLEM</del> <del>DAARVOOR</del> <u>METHOD FOR FORMING A</u> <u>PLASTIC SHEET AND CLAMP</u> <u>THEREFOR</u>
Attorney Docket Number::	2001-1272
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: JAAP  
Middle Name:: WILLEM  
Family Name:: VAN INGEN  
City of Residence:: KAMPEN  
State or Province of  
Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing HOFSTRAAT 112  
Address::  
City of Mailing Address:: KAMPEN  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-8216 BW

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: MICHAEL  
Middle Name:: LAURENCE SYLVESTER  
Family Name:: WIELANDT  
City of Residence:: ~~HAARLEM~~ KAMPEN  
State or Province of  
Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing ~~BOERHAAVELAAN 858~~  
Address:: BRUNEL 16  
City of Mailing Address:: ~~HAARLEM~~ KAMPEN  
State or Province of Mailing Address::

Country of Mailing Address:: THE NETHERLANDS

Postal or Zip Code of Mailing Address:: NL-2035-RC NL-8265 EB

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NETHERLANDS	1021087	7/16/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::